## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
The 2016 Committee					
	C C00569905				
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee	Date of Public Distribution/Dissemination				
CAMPAIGN FUNDING DIRECT	10 26 2016				
Mailing Address 1420 SPRING HILL ROAD, SUITE 490	Amount				
SUITE 490	Amount				
City State Zip Code	871.58				
MCLEAN VA 22102-3028	Transaction ID : SE24.93474 Date of Disbursement or Obligation				
Purpose of Expenditure AGENCY FEE - DIRECT MAIL - CONSULTING  Category/ Type  004	10 26 7 2016				
Name of Federal Candidate Support Office	Sought: House District:				
TRUMP, DONALD, , , Oppose	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	other (specify) ►				
Full Name of Payee	Date of Public Distribution/Dissemination				
CAMPAIGN FUNDING DIRECT	10 26 2016				
Mailing Address 1420 SPRING HILL ROAD, SUITE 490	Amount				
SUITE 490	Amount				
City State Zip Code	871.58				
MCLEAN VA 22102-3028	Transaction ID: SE24.93475 Date of Disbursement or Obligation				
Purpose of Expenditure AGENCY FEE - DIRECT MAIL - CONSULTING  Category/ Type  004	10 26 / 2016				
Name of Federal Candidate Support Office	e Sought: House District:				
CLINTON, HILLARY, , ,	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary   General  Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	1743.16				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
24.0	0 27 2016				
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
The 2016 Committee	C C00569905	
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y	
Full Name of Payee OMEGA LIST COMPANY	Date of Public Distribution/Dissemination	
Mailing Address 1420 SPRING HILL ROAD	10 26 2016	
SUITE 490	Amount	
City State Zip Code	77.50	
MCLEAN VA 22102-3028	Transaction ID : SE24.93476 Date of Disbursement or Obligation	
Purpose of Expenditure LIST RENTAL EXPENSE  Category/ Type 004	10 26 / 2016	
Name of Federal Candidate Support Office	e Sought: House District:	
TRUMP, DONALD, , , Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary   General  Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
OMEGA LIST COMPANY	10 26 2016	
Mailing Address 1420 SPRING HILL ROAD	Amount	
SUITE 490	Allouit	
City State Zip Code	77.50	
MCLEAN VA 22102-3028	Transaction ID : SE24.93477 Date of Disbursement or Obligation	
Purpose of Expenditure LIST RENTAL EXPENSE  Category/ Type 004	10 26 7 2016	
Name of Federal Candidate Support Office	e Sought: House District:	
CLINTON, HILLARY, , ,	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary	
<u> </u>		
(a) SUBTOTAL of Itemized Independent Expenditures	155.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	1 7 1 1 7 1 1 7 1	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·	
	0 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI LIVE	TIONES	F	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼	
The 2016 Committee			C	:00569905	
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee ZIP MAILING SERVICES, INC.			Date of Public	Distribution/Dissemination	
Mailing Address 6304 SHERIFF RD. STE Z			10	26 2016	
STE Z			7		
City	State	Zip Code		32.68	
LANDOVER  Purpose of Expenditure	MD	20785-4361	Transaction ID  Date of Disburs	sement or Obligation	
DIRECT MAIL - POSTAGE		Category/ Type 004	10	26 / Y Y Y Y Y	
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:	
TRUMP, DONALD, , ,		Oppose	<b>x</b> President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought	-,-,-	1010040.07	Disbursement For: 2016 Other (spe	Primary <b>✗</b> General cify) ▶	
Full Name of Payee			Date of Public	Distribution/Dissemination	
ZIP MAILING SERVICES, INC.			10	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6304 SHERIFF RD. STE Z			Amount		
STE Z					
City	State	Zip Code		32.67	
LANDOVER	MD	20785-4361	Transaction ID : SE24.93479  Date of Disbursement or Obligation		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	10 /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:	
CLINTON, HILLARY, , ,		<b>x</b> Oppose	<b>X</b> President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought		1010040.07	Disbursement For: [2016 Other (spe	Primary <b>X</b> General	
				.,	
(a) SUBTOTAL of Itemized Independent Expen	ditures		<b>•</b>	65.35	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>		
(c) TOTAL Independent Expenditures			<b>&gt;</b>	1963.51	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Frank, Robert, , , Signature	[Electron	nically Filed] Date	10 / 27	2016	
Signature					